Line List for Pertussis Outbreaks

Facility Name: _____ **County:** _____ **Outbreak Number:** _____

Contact Person Name: _____ **Contact Phone #:** _____

Demographics				Duration of Illness				Symptoms					Vaccine Information			Laboratory		Outcome		Case Status	Public Health Action	
Name	DOB	Staff or Student?	Class or room	Date of Onset	Date of cough onset	Cough duration (# of days)	Date Well	Paroxysms of Coughing (Severe Coughing Fits) (Y/N)	Inspiratory Whoop (High-pitched "whoop" sound between coughs) (Y/N)	Post-tussive Vomiting (Vomiting after coughing) (Y/N)	Apnea (Stuggling to breath or pauses in breathing) (Y/N)	Other:	Date of Last Dose	# of Doses	Up to Date (Y/N)	Date of Lab Testing	Testing Result and Type	Hospitalized (Y/N)	Died (Y/N)	Confirmed (C), Probable (P), Not a Case (N)	Contact Tracing Completed (Y/N)	Antibiotics Received (Y/N) and # of days taken

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Updated February 2026

West Virginia Department of HEALTH
BUREAU FOR PUBLIC HEALTH